

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/857029**  
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS							
	IND.	DEP.	IND.	DEP.	IND.	DEP.			*		*		*	
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy